CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

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M	FEB 0 2 2009	
LEAK	Campaign Finance நிecretary of State	

	RECEIPTS AND DISBU	RSEMENTS	FEB 0 2 2009
Name of Candidate FERR SM:	LTH		
Address 2480 Hwy. 16 West	t,Carthage,MS 390	51 County	Campaign Finance LEAKE ecretary of State
Telephone (Work) (601)859-65	500 (Home) (601)26	7-9510 (Fax) (6	01) 859-0650
Contact Name FERR SMITH			
Office Sought HOUSE OF REPI	RESENTATIVES, 27	Political Pa	artyDEMOCRATIC
Check here if above is different i			
	TYPE OF REPOR		B -
	on Report (January 1, 2008,		
	ff Report (October 26, 2008, t		
	eport (January 1, 2008, through		
N 200			
Termination Report (Candidate expenditures and has no ou	tstanding campaign debt or of	oligations.)	reporting obligations
	IMPORTANT		
(1) Periodic reports are mandatory, even if no contr for total amount of reported contributions and e	ibutions or expenditures have occurred expenditures during this period.	. In such case, the candidate sha	il submit a report indicating "0" (Zero)
(2) Until a candidate files a termination report, annu			
(3) The appropriate office must be in actual receipt office must be in actual receipt of the required n	sports by 5:00 p.m. on the first working	day before the deadline. Faxed re	eports are acceptable.
(4) Contributions in excess of \$200 received after the FAX or otherwise within 48 hours of the contributions.	e reporting period but more than 48 hoution. Use separate form "48 Hour Reportion."	urs before 12:01 a.m. on the day of the to report such activity.	of the election must be reported by
REPO	ORTED CONTRIBUTIONS	AND DISBURSEMEN	TS
	itemized + non-itemized)	Total This Perio	d Calendar year-to-dat
Total amount of contributions \$	+ \$	\$	\$

	(itemiz	ed + non-itemized)	1.5	Total This Period	Calendar year-to-date
Total amount of contributions \$	0.00	+\$ 0.00	\$	0.00	\$ 0.00
Total amount of disbursements \$	3,247.92	+\$0.00	\$	3,247.92	\$ 3,247.92
	Total an	nount of cash on hand	1 \$		
I certify that I have ex	amined this report a	nd to the best of my knowled	dge an	d belief it is true, accura	te, and complete.
Ten /	Sul		53	1/29/09	
(Signature of Candid	late)			(Date)	

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee FERR SMITH

Reporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
The Carthaginian Malling Address	1 11 00	\$ 200.00
descriptions of the production of the control of th	1_,11,08	200.00
P. O. Box 457 City, State, Zip Code	20 88	\$
Carthage, MS 39051		
Purpose of Disbursement (Optional)	Aggregate	\$
A CONTROL # #5000 AT TO A CONTROL AND A SECONDARY OF THE TOTAL AND A CONTROL AND A CON	Year-to-date	ľ
Political Advertisement	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Canton High School Mailing Address		
	<u>2</u> , <u>18</u> , <u>08</u>	\$ 25.00
City, State, Zip Code		\$
80 N 180	_/_/_	
Canton, MS 39046 Purpose of Disbursement (Optional)	Aggregate	S
Advertisement (Awards Banquet)	Year-to-date	
C. Full name	Date	Amount of each
The Carthaginian	(Mo., Day, Year)	disbursement this period
Mailing Address		\$ 182.09
P. O. Box 457	3 ,06 , 08	162.09
City, State, Zip Code		\$
Carthage, MS 39051		
Purpose of Disbursement (Optional)	Aggregate	\$
Political Advertisement	Year-to-date	
D. Full name	Date	Amount of each
5.1 4.1 1.2.119		
T 0 T C-1		
J & L Sales	(Mo., Day, Year)	disbursement this period
Mailing Address		
Mailing Address 104 S. 37th Avenue	(Mo., Day, Year) 5/09_/_08	\$2,000.00
Mailing Address 104 S. 37th Avenue City, State, Zip Code	(Mo., Day, Year)	disbursement this period
Mailing Address 104 S. 37th Avenue City, State, Zip Code Hattiesburg, MS 39402	(Mo., Day, Year) 5/09_/_08//	\$2,000.00
Mailing Address 104 S. 37th Avenue City, State, Zip Code Hattiesburg, MS 39402 Purpose of Disbursement (Optional)	(Mo., Day, Year) 5/09_/_08 // Aggregate	\$2,000.00
Mailing Address 104 S. 37th Avenue City, State, Zip Code Hattiesburg, MS 39402 Purpose of Disbursement (Optional) Political Signs	(Mo., Day, Year) 5/09_/_08 // Aggregate Year-to-date	s2,000.00
Mailing Address 104 S. 37th Avenue City, State, Zip Code Hattiesburg, MS 39402 Purpose of Disbursement (Optional) Political Signs E. Full name	(Mo., Day, Year) 5/09/08 // Aggregate Year-to-date Date	s2,000.00 \$ Amount of each
Mailing Address 104 S. 37th Avenue City, State, Zip Code Hattiesburg, MS 39402 Purpose of Disbursement (Optional) Political Signs E. Full name J & L Sales	(Mo., Day, Year) 5/09_/_08 // Aggregate Year-to-date Date (Mo., Day, Year)	s2,000.00 \$ Amount of each disbursement this period
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Mailing Address 104 S. 37th Avenue City, State, Zip Code Hattiesburg, MS 39402 Purpose of Disbursement (Optional) Political Signs E. Full name J & L Sales Mailing Address 104 S. 37th Avenue	(Mo., Day, Year) 5/09_/_08 // Aggregate Year-to-date Date (Mo., Day, Year) 8/28_/_08	s2,000.00 \$ Amount of each disbursement this period \$ 840.83
Mailing Address 104 S. 37th Avenue City, State, Zip Code Hattiesburg, MS 39402 Purpose of Disbursement (Optional) Political Signs E. Full name J & L Sales Mailing Address 104 S. 37th Avenue City, State, Zip Code	(Mo., Day, Year) 5/09_/_08 // Aggregate Year-to-date Date (Mo., Day, Year)	s2,000.00 \$ Amount of each disbursement this period
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